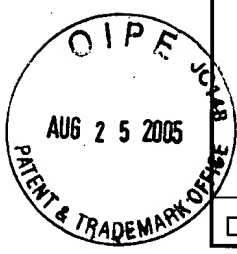
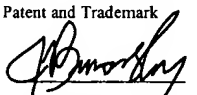
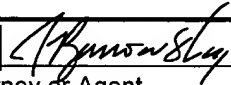


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|--|----------------------|-------------------------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 09/872,222 |
| | Filing Date | June 1, 2001 |
| | First Named Inventor | Davison, Eric W. |
| | Group Art Unit | 2154 |
| | Examiner Name | Siddiqi, M. A. |
| <input type="checkbox"/> Sent via Express Mail Label No.: | | Attorney Docket Number 155612.03 |

| ENCLOSURES (check all that apply) | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate; \$620.00 total fee) <input type="checkbox"/> Amendment / Reply (18 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Petition for Extension of Time Under 37 CFR 1.136(a) (in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08B (4 pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) (# sheets) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Newly Executed (# pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (# pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication (Notice of Appeal, Pre Appeal Brief Review and Pre Appeal Request for Review) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <u>Copy of this Transmittal Form.</u> |
| CERTIFICATE OF MAILING OR TRANSMISSION (Under 37 CFR § 1.8(a)) <input checked="" type="checkbox"/> I hereby certify that this correspondence is being: <input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or <input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____ <u>August 23, 2005</u>  James R. Banowsky | | Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application. |

| SIGNATURE OF ATTORNEY OR AGENT | | | | | |
|--------------------------------|---------|---|---|----------------------|--------------|
| Signature | |  | | Reg. No. 37,773 | |
| Name of Attorney or Agent | | James R. Banowsky | | | |
| Date | 8-23-05 | Tel. | (425) 705-3539 | Facsimile No. | 425-708-5046 |
| Assignee Name: | | | MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052 | | |
| Customer Number: | | | 22971 | | |

AUG 25 2005

Effective on 12/08/04

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27
TOTAL AMOUNT OF PAYMENT (\$)**620.00**

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: **50-0463**
Deposit Account Name: **MICROSOFT CORPORATION**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☐ Charge fee(s) indicated below, except for the filing fee

☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | 0.00 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--|----------------|----------|---------------|
| 0 | - 25 or HP = 0 | x 50 | = 0 |
| HP = highest number of total claims paid for, if greater than 20 | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| 0 | - 3 or HP = 0 | x 200 | = 0 |

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| -100 = | / 50 = | (round up to a whole) number x | = | |

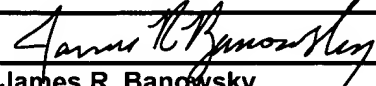
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: 1 month extension of time fee (\$120.00); Notice of Appeal fee (\$500.00)

\$620.00

SUBMITTED BY

| | | | |
|-------------------|---|---|---------------------------------|
| Signature |  | Registration No. (Attorney/Agent) 37,773 | Telephone (425) 705-3539 |
| Name (Print/Type) | James R. Banowsky | Date August 23, 2005 | |